

EXHIBIT A

REQUEST FOR ALTERNATE RECORDING TIME

Please submit this form at least 14 days before the first day of instruction if an alternate recording time is requested for the entire campus or at least 14 days before an alternate recording time begins for certain student populations.

Campus: _____ Grade Levels: _____

Previous Recording Time: _____

Alternate Recording Time Requested: _____

Duration of Alternate Recording Time: _____

Request is for:

Entire campus Certain students

If request is only for certain students, please identify the group(s) of students:

Are these students enrolled and participating in a Commissioner-approved alternative attendance accounting program?

Yes No

Reason for requesting alternate recording time:

Principal's signature: _____ Date: _____

For office use only:

Request:

Approved Denied

Superintendent's signature: _____ Date: _____